

## Memorandum

**TO :** State Employees

**FROM :** State Personnel Board -- Affirmative Action and Examination  
Services Division

**SUBJECT:** Disability Survey

The State Personnel Board is committed to the pursuit of equal employment opportunities for everyone, including individuals with disabilities.

Under the Rehabilitation Act of 1973 and California Government Code Section 19233, the State Personnel Board is required to provide employees with the opportunity to self-identify their disability. The data will be used in the production of reports designed to identify areas where discrimination may occur. The reports generated from this information will not identify employees individually, and the information will not be reviewed by a medical officer. The data will be incorporated into the State Controller's Office Employment History Data Base. Every effort will be made to ensure the confidentiality of the information provided.

The information being requested on this self-identification form is voluntary. The exceptions are special programs where an employee with a permanent disability is receiving certain benefits (i.e., COD/Rehabilitation, Limited Examination and Appointment Program, Injured State Worker Assistance Program and Provision of Reasonable Accommodation). In these situations, the employee is required to identify any disabling condition which qualifies him or her for these special programs.

Before completing the survey on the reverse side, please read the instructions carefully, then enter your Social Security Number where indicated in the upper right corner. This information is needed to process data for statistical summaries and will not be used for any other purpose. Locate the appropriate code letter which best describes your primary disability and, if applicable, your secondary disability(ies), and record it in the upper right corner. Please note that a code of "X" indicates no disability. Finally, seal the questionnaire separately in the envelope provided and return it with your appointment documents.

If you wish at some future time to change your status, contact your personnel office for the SPB-131 form and instructions on how to initiate a change.

If you have any questions, contact the Affirmative Action Programs Unit at (916) 653-1579, CALNET 453-1579, or TDD 653-1498.

**LAURA M. AGUILERA, Chief**

**STATE EMPLOYEE DISABILITY QUESTIONNAIRE**

SPB-131 REVERSE (10/92)

**EMPLOYEE TO COMPLETE:**  
SOCIAL SECURITY NUMBER

PRIMARY DISABILITY CODE

SECONDARY DISABILITY CODE(S)

Code Primary Disability in first line.

Code Secondary Disability(ies) on additional line(s).

**INSTRUCTIONS:** When indicating a disability, the following definition **must** apply. A disabled person is anyone who:

- (a) has a physical or mental impairment which **substantially limits** one or more major life activities;
- (b) has record of such impairment; or
- (c) is regarded as having such an impairment.

A person is **substantially limited** if such person is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

Please enter your Social Security Number where indicated above and review the following list of impairments and descriptions. If you have a disability, enter on the appropriate line above the code letter which best describes your primary disability and, if applicable, your secondary disability(ies).

If you do not have a disability, please enter the letter "X" in the "Primary Disability Code" box above.

CODE	FACTORS	CODE	FACTORS
<b>A</b>	<b>Visual:</b> Legal blindness in one or both eyes; acuity after correction (eye glasses or contact lenses) is 20/200 visual acuity or restriction in the visual field to 20 degrees.	<b>M</b>	<b>Respiratory Impairment:</b> Unstabilized condition resulting in periodic breathing limitations.
<b>B</b>	<b>Hearing:</b> Total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.	<b>N</b>	<b>Digestive Disorders:</b> Periodic stomach or intestinal impairment.
<b>C</b>	<b>Speech:</b> Speech impairment which causes speech to be unintelligible in normal conversation.	<b>O</b>	<b>Colostomies and Ileostomies:</b> Opening from the digestive tract through the abdominal wall.
<b>D</b>	<b>Orthopedic Impairments:</b> Amputation, or functional limitation of upper or lower extremities, trunk, back or spine.	<b>P</b>	<b>Kidney Disease:</b> Must be treated by dialysis.
<b>H</b>	<b>Epilepsy:</b> Periodic disturbance of consciousness during which generalized or partial seizure may occur whether medically controlled or not. (Onset may have occurred after the age of 18.)	<b>Q</b>	<b>Diabetes:</b> Insulin taken for control.
<b>I</b>	<b>Neurological Impairments:</b> Limitation in balance, coordination, sensory and/or cognitive functions, i.e., cerebral palsy, autism, dyslexia.	<b>R</b>	<b>History of Cancer:</b> Past or present condition.
<b>J</b>	<b>Mental Retardation:</b> When identified by a physician, school system, Department of Rehabilitation, or other responsible agency.	<b>S</b>	<b>Conditions of the Skin:</b> Existence of offensive scarring, painful or excessive inflammation or decrease in healthy or normal function.
<b>K</b>	<b>Heart or Circulatory Condition:</b> Impairment which substantially interferes with normal work activity.	<b>U</b>	<b>Mental Disorders:</b> When diagnosed by a physician or licensed clinical psychologist.
<b>L</b>	<b>Disease of the Blood and Blood Forming Organs:</b> Disabilities such as leukemia and sickle cell anemia.	<b>V</b>	<b>Alcoholism or Drug Addiction:</b> Past impairment which substantially interfered with work activity.
		<b>W</b>	<b>Other:</b> Disability not shown on questionnaire.
		<b>X</b>	No disability.

NOTE: This form is not to be duplicated after completion by employee.

**STATE EMPLOYEE DISABILITY QUESTIONNAIRE-  
RESURVEY**

SPB-131A (10/92)

**EMPLOYEE TO COMPLETE:**  
SOCIAL SECURITY NUMBER\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
PRIMARY DISABILITY CODE \_\_\_\_\_

SECONDARY DISABILITY CODE(S) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Code Primary Disability in first line.

Code Secondary Disability(ies) on additional line(s).

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<input type="checkbox"/> B	<b>Hearing:</b> Total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.	<input type="checkbox"/> N	<b>Digestive Disorders:</b> Periodic stomach or intestinal impairment.
<input type="checkbox"/> C	<b>Speech:</b> Speech impairment which causes speech to be unintelligible in normal conversation.	<input type="checkbox"/> O	<b>Colostomies and Ileostomies:</b> Opening from the digestive tract through the abdominal wall.
<input type="checkbox"/> D	<b>Orthopedic Impairments:</b> Amputation, or functional limitation of upper or lower extremities, trunk, back or spine.	<input type="checkbox"/> P	<b>Kidney Disease:</b> Must be treated by dialysis.
<input type="checkbox"/> H	<b>Epilepsy:</b> Periodic disturbance of consciousness during which generalized or partial seizure may occur whether medically controlled or not. (Onset may have occurred after the age of 18.)	<input type="checkbox"/> Q	<b>Diabetes:</b> Insulin taken for control.
<input type="checkbox"/> I	<b>Neurological Impairments:</b> Limitation in balance, coordination, sensory and/or cognitive functions, i.e., cerebral palsy, autism, dyslexia.	<input type="checkbox"/> R	<b>History of Cancer:</b> Past or present condition.
<input type="checkbox"/> J	<b>Mental Retardation:</b> When identified by a physician, school system, Department of Rehabilitation, or other responsible agency.	<input type="checkbox"/> S	<b>Conditions of the Skin:</b> Existence of offensive scarring, painful or excessive inflammation or decrease in healthy or normal function.
<input type="checkbox"/> K	<b>Heart or Circulatory Condition:</b> Impairment which substantially interferes with normal work activity.	<input type="checkbox"/> U	<b>Mental Disorders:</b> When diagnosed by a physician or licensed clinical psychologist.
<input type="checkbox"/> L	<b>Disease of the Blood and Blood Forming Organs:</b> Disabilities such as leukemia and sickle cell anemia.	<input type="checkbox"/> V	<b>Alcoholism or Drug Addiction:</b> Past impairment which substantially interfered with work activity.
		<input type="checkbox"/> W	<b>Other:</b> Disability not shown on questionnaire.
		<input type="checkbox"/> X	No disability.

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